

MAR 05 2007

Atty Docket No. 016301-045510US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner ZERVIGON, RUDY

Group Art Unit 1763

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

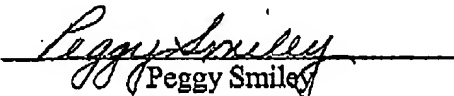
I hereby certify that the following documents in re Application of Karthik Janakiraman et al., Application No. 10/674,569, filed September 29, 2003 for GAS DISTRIBUTION SHOWERHEAD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page);
2. Notice of Appeal, in duplicate (2 pages); and
3. Petition for Extension of Time, in duplicate (2 pages)

Number of pages being transmitted, including this page: 6

Dated: March 5, 2007


Peggy Smiley

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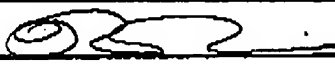
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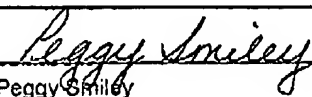
MAR 05 2007

PTO/SB/21 (07-06)

TRANSMITTAL FORM	Application Number	10/674,569	
	Filing Date	September 29, 2003	
	First Named Inventor	Janakiraman, Karthik	
	Art Unit	1763	
	Examiner Name	ZERVIGON, RUDY	
(to be used for all correspondence after initial filing)		Attorney Docket Number	016301-045510US
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kent J. Tobin		
Date	March 5, 2007	Reg. No.	39,496

CERTIFICATE OF TRANSMISSION/MAILING			
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